

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/868009</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		5	1				56						
7		00		5			57						
8		00		1			58						
9		00		1			59						
10		00		1			60						
11		00		1			61						
12		00		1			62						
13		1		2			63						
14		00		1			64						
15		00	1				65						
16	1			1			66						
17		1		2			67						
18		2		2			68						
19		1		2			69						
20		0		2			70						
21		0	1				71						
22	1			1			72						
23		1		1			73						
24		1		2			74						
25		2		2			75						
26		2	1				76						
27	1			1			77						
28		6		1			78						
29		0		1			79						
30		6		1			80						
31		0		1			81						
32		1		1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		5				TOTAL IND.						
TOTAL DEP.	35		38				TOTAL DEP.						
TOTAL CLAIMS	39		43				TOTAL CLAIMS						